STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 18 2017

PLEASE PRINT

NEW HAMPSHIRE
DEPARTMENT OF STATE

I. Name of Lobbyist(s) Lyn M. Schollett				DEPARTMENT OF	
II. Name of lobby	vist's partnership, firm or o	corporation, if an	ıy:		
	w Hampshire Coality (Name of partnership, firm or c		Domestic and Sexual	Violence	
PO F	3ox 353	Concord	NH	03302	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)	
	(503) <u>224-8893</u> (603) <u>228-6096</u> (Fax)		e-mail <u>lyn@nhcadsv.org</u>		
	nt covers: (Choose one – fil se transactions which are r		ts for each client, OR you ma	ay file a separate report for	
☐ All reportable	transactions occurring in the	e months prior to t	he reporting date relative to th	e following client:	
			t Domestic and Sexual Obyist Registration Form)	al Violence	
OR ☐ All reportable t unrelated to any pa		(including the lobb	oyist's family), or the lobbying	g firm listed below which are	
IV. Date of Repo	April 26, 2017 tivity from date of registration to 3/31/17		July 26, 2017 activity from 4/1/17 to 6/30/17		
	October 25, 2017 X activity from 7/1/17 to 9/30/17		January 31, 2018 [] activity from 10/1/17 to 12/31	January 31, 2018 \square activity from 10/1/17 to 12/31/17	
	ked, complete just this form o		transactions made since t e Secretary of State's Office, S		
VI. Check if addi	tional reports are attached	l:			
If you have re	eceived fees or made expendi	itures, you must fi	le Addendum A-Fees and E	xpenses	
☐ If you have pa		rsed expenses, yo	u must file Addendum B – Re	port of Honorariums or	
•		e political contribu	ations, you must file Addendu	m C- Political Contributions	
I have read RSA 1	by ist) collett		ereby swear or affirm that the	foregoing information is true L te)	